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FORWARD

Planning for prevention of Human Immunodeficiency Virus (HIV) has been an integral part of programs at the SC Department of Health and Environmental Control (DHEC) STD/HIV Division for more than 24 years. Since the first reported cases of HIV/AIDS in 1985, DHEC has been involved in conducting activities to address the prevention needs of those most at risk of infection.

Starting in January 1994, DHEC organized a statewide HIV prevention community planning group (CPG). In a shared effort with DHEC, the CPG developed a statewide plan to improve prevention efforts by strengthening the scientific basis, community relevance, and population- or risk-based focus of prevention interventions. A new model for integrated community planning that includes both HIV prevention and care was implemented at DHEC in January 2005 after a yearlong community participatory planning process with stakeholders. The mission of the **SC HIV Planning Council (HPC)** is to develop a comprehensive, statewide HIV Prevention and Care Plan for a responsive, effective, and efficient continuum of services for persons living with HIV/AIDS and those at risk for HIV infection. Establishing linkages between clinical care settings and community-based prevention providers is essential to creating a comprehensive prevention-care service environment.

This comprehensive five-year SC HIV Prevention Plan is the result of the efforts of many dedicated individuals who have worked to assess HIV prevention needs and to prioritize populations and identify appropriate interventions. DHEC and the HPC have been fortunate to participate in a process that involves so many individuals concerned about the health and well being of South Carolina's citizens. It is the hope of DHEC and the HPC that local prevention providers and others will find this a useful and relevant document for planning local activities and efforts. We also believe that, through the ongoing collaborative efforts with our state, agency, and community partners, we can make a difference in the future of this epidemic in South Carolina.

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September 10, 2009

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EXECUTIVE SUMMARY

The **2010-2014 Comprehensive HIV Prevention Plan** is the culmination of work completed between 2008 and mid-year 2009 by the South Carolina HIV Planning Council (HPC) in collaboration with the South Carolina Department of Health and Environmental Control (DHEC) STD/HIV Division. The 2010-2014 Comprehensive Plan was completed in compliance with the 2002-2008 HIV Prevention Community Planning Guidance put forth by the Centers for Disease Control and Prevention (CDC). While the 2010-2014 Comprehensive Plan cannot fully address or prioritize all HIV prevention needs in South Carolina, the HPC, in collaboration with DHEC, combined science, data and the wisdom of affected communities to identify effective strategies for the populations most in need of prevention services with the goal of reducing the greatest number of new infections.

The **2010-2014 Comprehensive HIV Prevention Plan** includes the following 10 sections:

- ◆ Epidemiologic Profile for HIV/AIDS in South Carolina;
- ◆ Community Services Assessment;
- ◆ Prioritization of Target Populations;
- ◆ Recommended HIV Prevention Interventions;
- ◆ Coordination and Linkages (with affiliated programs/agencies/services in South Carolina);
- ◆ Surveillance and Data Collection Initiatives (completed or underway between 2005 and mid-year 2009);
- ◆ Technical Assistance Needs and Priorities;
- ◆ Evaluation and Monitoring;
- ◆ Recommendations and Goals for Prevention Services; and
- ◆ Appendices to the Plan.

The **2010-2014 Comprehensive HIV Prevention Plan** replaces the 2005-2008 Plan released in 2004 (with update for 2009), with some distinct differences in the document:

- ◆ The Community Services Assessment includes a description of needs assessment activities, identification of populations at risk and unmet needs, identification of additional needs, a resource inventory with checklist, and an analysis of gaps;
- ◆ A new model was developed to prioritize populations, which utilized both quantitative and qualitative data;
- ◆ Interventions selected for priority populations now include the Diffusion of Effective Behavioral Interventions (DEBIs), stressing the importance of utilizing evidence-based interventions that have shown to be effective in reducing HIV risk factors; and
- ◆ The prioritization of HIV prevention interventions was no longer required by the CDC's 2002-2008 HIV Prevention Community Planning Guidance.